THE BIMONTHLY NEWSLETTER OF HCFA'S NATIONAL MEDICARE MAMMOGRAPHY CAMPAIGN

Not Just Once

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FEBRUARY—MARCH 2000

HCFA
MEDICARE • MEDICAID
Health Care Financing Administration

Campaign

2000

WELCOME!

It is a new year, and a new century! The year 2000 also marks the second year of the Health Care Financing Administration (HCFA)'s ***Not Just Once*** newsletter.

HCFA's National Medicare Mammography Campaign is working toward the goals of increasing biennial mammography rates for Medicare women 65 and older, to increase awareness of the Medicare mammography benefit among women and to educate providers about the importance of referring older women for regular mammograms.

It is the new millennium and, as we enter the 6th year of the National Medicare Mammography Campaign, we wish to thank all our partners for the support they have provided to the Campaign over these few years. We rely on the support and efforts of many important partners, including Peer Review Organizations and the National Cancer Institute's Cancer Information Service. The Campaign also involves many areas within HCFA, including the Center for Beneficiary Services (CBS), the Center for Health Plans and Providers (CHPP), the Office of Clinical Standards and Quality (OCSQ), and the Office of Communication and Operations Support (OCOS). We also work closely with sister agencies around the Department of Health and Human Services, such as the Centers for Disease Control and Prevention and the PHS Office on Women's Health.

We look forward to expanding our efforts as we identify new opportunities for collaboration. Best wishes to you all in the new year… and thanks for your support!

Sincerely,

Ta Budetti
Deputy Regional Administrator
HCFA, Region V, Chicago

Sandy Kappert
Director, Division of Health Promotion
HCFA's Center for Beneficiary Services

In this issue

THE NOT JUST ONCE NEWSROOM

Providing You With The Latest In Breast Cancer News

STUDY: NEW TEST MAY RIVAL PAP SMEAR

CHICAGO (AP) - A test for the human papilloma virus that doesn't require a pelvic exam may soon rival the Pap smear as an accurate way of screening for cancer and precancerous conditions, researchers reported today in the Journal of the American Association.

However, two recent studies found that the new test produced far more false-positives than the Pap smear, causing many more women to need further testing. Whether the HPV test's widespread use will ever be feasible, affordable and effective at reducing cervical cancer deaths remains to be seen, said an expert who was not involved in the work.

As a screening technique, the test may be most applicable in developing countries, where pelvic exams and lab exams of cervical cells are often unavailable, said the expert. But the lead author of one of the studies said the test's false-positive rate may be much lower among U.S. women - and similar to that of the Pap smear - because they have much lower rates of sexually transmitted diseases than African and Central American women studied.

The HPV test is now licensed in the United States only as a follow-up to an abnormal Pap smear. It has not been approved for routine screening, though it is available for that purpose in other countries.

The test is based on the discovery that the sexually transmitted human papilloma virus, or HPV, causes almost all cases of cervical cancer.

HPV infects an estimated 40 million Americans and many more worldwide. Though most of HPV's 80 strains cause no permanent harm, perhaps 1 percent of infected people get a strain that can cause cervical cancer.

Worldwide, almost 360,000 cases of cervical cancer were detected in 1990, with 190,000 women dying of the disease.

The Pap smear, which costs $25 to $35, is the most widely used screening test. It requires a skilled professional to do a pelvic exam and scrape cells from a woman's cervix. The cells are then analyzed under a microscope.

In HPV testing, which costs $45 to $60, women themselves can collect a sample of cervical tissue at a clinic or doctor's office using a small brush or cotton swab. The tissue is then analyzed for DNA from 13 types of HPV considered to be the main culprits in cervical cancer.

A team from AVSC International and the University of Cape Town screened and followed 1,365 black South African women ages 35 to 65. The researchers found that the HPV test identified 37 of 56 women with high-grade cervical disease or cancer, for a detection rate of 66 percent. The Pap smear identified 38 of the 56 women, a rate of 68 percent. But the false-positive rate for the self-collected HPV test was 17 percent, vs. only 12 percent for the Pap smear.

In the other study, led by the National Cancer Institute, researchers screened 8,554 women in Costa Rica ages 18 years and older. A total of 138 cases of high-grade cervical disease or cancer were found, with the HPV test detecting 88 percent and the Pap smear 78 percent. But HPV had almost twice the rate of false-positives, 11 percent, vs. 5.8 percent for Pap smears. ***[Editors note: For more on Medicare and the Pap test, please see pages 5 and 6.]***

ELDERLY LEFT OUT OF CANCER STUDIES

BOSTON (AP) - The number of women and blacks in cancer studies has grown substantially, but a new study published today suggests the elderly are still underrepresented - particularly in breast cancer research.

Federal rules in the late 1980s and early '90s required an increase in the number of blacks and women in studies. The goal was to make enrollment equal to the proportion who have the diseases being studied.

A review of data from 164 studies found that the goal has been met: Forty-one percent of cancer patients are women, and they make up 43 percent of people in studies. Ten percent of cancer victims are black, as are 10 percent of those in studied. However, there is no requirement that older people be put into studies in proportionate to their numbers with the disease.

The report found that while 63 percent of all cancer patients are over 65, they make up just 25 percent of the people enrolled in cancer studies. The underrepresentation was especially high in breast cancer, where 49 percent of patients are over 65 but only 9 percent of patients are this old.

The review was conducted by the Southwest Oncology Group, a cooperative funded by the National Cancer Institute. It was directed by Dr. Lara Hutchins of the University of Arkansas for Medical Sciences in Little Rock and was published in today's New England Journal of Medicine.

The authors speculated that older patients may be less likely to recognize the benefit of enrolling in clinical trials, and that doctors and their patients may be less likely to encourage them to do so. Also, studies typically require that patients be free of other major diseases that may cloud the results, and elderly patients are more likely to have such complications.

The study recommended a greater effort to include people over 65, in part because older patients may react differently to medicines than younger people do.

MORE FROM THE NOT JUST ONCE NEWSROOM

Providing You With The Latest In Breast Cancer News

HORMONE REPLACEMENT LOWERS SENSITIVITY OF MAMMOGRAPHY CHANGES MAY BE REVERSIBLE, AUTHORS WRITE

By Norra MacReady

Jan. 20, 2000 (Los Angeles) -- Women taking hormone-replacement therapy (HRT) may have less accurate results on mammography, researchers in Australia have found. The greatest impact was in women aged 50-69.

However, mammography still detected most of the breast cancers present, even in women on HRT, so these findings "should not deter a woman who's on HRT from going for screening," lead author Anne M. Kavanagh, BMBS, PhD, tells WebMD. Kavanagh is a senior research fellow at La Trobe University in Melbourne.

Kavanagh and her colleagues Heather Mitchell and Graham G. Giles studied more than 100,000 women participating in a regional mammography screening program in the Australian state of Victoria in 1994. The program, called BreastScan Victoria, provides free screening mammography every two years to all women 40 years old or more. The investigators compared the accuracy of mammography in women who were using HRT with that of women who were not on HRT. They determined how many women either had a tumor detected at the time of the initial mammography or were found to have cancer during the two-year interval between screenings. Of the women in this study, 27% were using HRT, mostly in the 50-59 age group.

Overall, nonusers of HRT developed 39 cancers in the first year after screening, compared with 23 cancers in users of HRT. Mammography sensitivity, which Kavanagh defines as "the capacity to detect cancer in women who will develop it within the next two years," was 12.5% lower in users than nonusers of HRT. Had the sensitivity been equivalent, the authors calculated that 23 more breast cancers would have been detected in the women on HRT, an increase of 20%. Sensitivity was lowest in the target age group, 50-69 years. Specificity, defined by Kavanagh as "the number of women who don't have cancer [on mammography] and who don't get called back for it," also was significantly lower in users of HRT.

Previous studies have similarly found a reduction in the sensitivity of screening mammography in the first year after screening in women on HRT, the authors write. Says Kavanagh, "It seems logical that HRT might decrease sensitivity because of its effect on the density of breast tissue." Younger women have denser breasts, she explains, and HRT makes a postmenopausal woman's breasts look "more like those of a premenopausal woman." This, in turn, makes mammography more difficult to read.

"Further research is needed to understand the impact of HRT on mammography," Kavanagh says. "We need to learn which types of HRT are most associated with increased breast density and decreased sensitivity." There is evidence that HRT-induced changes may be reversible, suggesting that simply by going off HRT for two weeks, a woman might have a more accurate mammogram. Once more information is available, the authors write, it "can then be used to advise women who use HRT about the appropriate approach to screening." **[Source: January 20, 2000; *WebMD Medical News]***

BREAST CANCER CLEAR TOP HEALTH FEAR FOR WOMEN

UTICA, N.Y. () - By overwhelming margins, breast cancer was chosen by women as the greatest health risk for women, a Zogby America survey reveals.

The survey, taken in January of 558 women throughout the nation, showed that breast cancer was chosen the greatest health threat facing women today by 43.5% of those surveyed. ``Other cancers'' was the distant second choice with heart disease, high blood pressure/stroke the third greatest health risk.

Breast cancer was the considered the top health risk by all subgroups, including age, religion, race and incomes.

But when comparing age groups, while breast cancer was clearly the greatest health risk among 18-29 year-old women, it was not the overwhelming choice among 50-64 year-old women, who instead demonstrated significant support for depression/mental health and domestic violence, while in comparison overall, those categories received fairly insignificant overall support respectively. **[Source: Reuters/Zogby, January 20, 2000]**

Educational Events

FEBRUARY

7th Biennial Symposium on Minorities: The Medicall February 9, 2000

Description: The latest scientific and treatment information will be presented, as well as strategies for reducing the disproportionate incidence of cancer morbidity and mortality among minorities and the medically underserved.
http://icc.bcm.tmc.edu
Location: Grand Hyatt -- Washington, DC
Contact: Carlotta V. Handcock, M.Ed.
phone: 713-798-5383

AHQA 2000
February 10-11, 2000

Description: The American Health Quality Association is hosting the 2000 Technical Conference February 10-11, 2000 at the Hyatt Orlando in Kissimmee, Florida. For more information, please visit the AHQA website at http://www.ahqa.org
Location: Hyatt Orlando, Kissimmee, FL
Contact: Regine Buchanan
phone: (202) 331-5790

MARCH

Better Breast Health in the Millennium - Pathways to the Latino Community
Mejor Salud de Los Senos en el Milenio -- Senderos para la Comunidad Latina
March 3, 2000

Description: The Y-ME National Breast Cancer Organization would like to invite you to a bilingual conference on breast cancer among Latinas. The overall goals of this conference are to present the latest information about incidence and survivorship from this disease among Latinas, taking into consideration the socio-economic and cultural aspects of this specific community. The conference, *Better Breast Health in the Millennium — Pathways to the Latino Community*, will be the first national bilingual conference to provide information for healthcare professionals, survivors, patients, and people concerned about breast cancer in the Latino community.

There are few programs around the country that serve the needs of Latinas in this matter. Most focus on screening and early detection, however through this conference Y-ME wants to present survivorship and life quality issues among Latinas. With this conference, Y-ME will highlight some of the barriers that Latinas face when looking for better breast health, but also educate and inform health providers about some specific cultural issues and resources that are available.

The conference is scheduled for March 3 and 4, 2000 at Redando Beach, California. Y-ME has a commitment from experts in the field, including Dr. Otis Brawley, Director of the Officer of Special Populations at the National Cancer Institute. He will present *Equal Treatment Leads to Equal Results, There is no Equal Treatment*, an overview of health status of low-income women.
Location: Crown Plaza Redando Beach and Marina Hotel, Redando Beach, CA
Contact: For more information, please contact Nadia Garcia at the Y-ME National Breast Cancer Organization at (312) 294-8524.

LOOKING AHEAD

INNOVATIONS IN SOCIAL MARKETING
June 11-13, 2000

Description: The Sixth annual Innovations in Social Marketing Conference will be held Sunday, June 11 to Tuesday, June 13, 2000 in Washington, DC at the Academy for Educational Development's conference center. Out of town participants can reserve a room at the Hotel Sofitel at 1914 Connecticut Ave., NW (across from the AED's offices) by calling (202) 797-2000 or 1-800-424-2464.
Key topics: Social marketing, managerial and strategic approaches to establishing a marketing orientation in social change organizations.
Location: Washington, DC
Contact: Access the Innovations in Social Marketing Conference web site at http://ism2000.cba.hawaii.edu

SOCIAL MARKETING IN PUBLIC HEALTH
June 21-24, 2000

Description: The Social Marketing in Public Health Conference, now in its 10th year, is designed for public health professionals and health educators in a variety of settings including federal, state and local health departments, other public agencies, colleges and universities, and non-profit organizations. Introductory and advanced learning tracts will be offered this year for the first time.
Key topics: Principals of social marketing applied to programs, projects, or research.
Location: Clearwater Beach, FL
Contact: Barbara Nappy, Conference Coordinator; Phone: (813) 974-6695.
Web site at http://www.hsc.usf.edu/publichealth/conted

SPOTLIGHT ON PAP

Screening Pap Tests…

The Pap test (Papanicolaou smear/Test) is a cytologic examination of a vaginal smear for early detection of cancer (especially of the cervix and uterus), employing exfoliated cells and a special staining technique the differentiates diseased tissue. Medicare's coverage of the screening Pap test was created as a result of the implementation of the Omnibus Budget Reconciliation Act of 1989 (OBRA 1989). This Act authorized Medicare to begin covering screening Pap tests provided to female beneficiaries on or after July 1, 1990. OBRA of 1989 allowed Medicare to cover screening Pap tests once every three years for those beneficiaries classified as "low risk" and allowed repeat Pap tests for those beneficiaries who were classified as "high risk." The Balanced Budget Act (BBA) of 1997 has recently clarified the "high risk" category.

About New Pap Testing Methods…

Many of you have heard about the new technologies approved by the Food and Drug Administration for Pap Smears. These new methods, intended to improve accuracy of Pap testing, are being marketed by the manufactures, not only to labs and clinicians, but also directly to consumers. Read on for a quick overview of some of these new methods, and Medicare's reimbursement policy:

ThinPrep. This is a new method of slide preparation. Instead of smearing cells collected from the cervix directly onto a slide with a spatula or cytobrush, a sample of cells is stored in a liquid preservative. Slides are then prepared in a lab from the liquid suspension, creating a single, uniform layer of cells. This method reduces the chance that blood, vaginal secretions, or inflammatory cells will obscure abnormal cells, making the smear easier to read.

AutoPap and PAPNET. These systems use computer-assisted devices to screen and/or rescreen slides. They do not eliminate the manual review of slides performed by cytotechnologists. Automated rescreening systems are used to enhance quality assurance activities at cytology labs and are reported to reduce the likelihood of false-negative screening results.

Although these new technologies are more sensitive for the detection of cervical neoplasia, they also increase the cost of screening. Accordingly, Congress has recently passed the Balanced Budget Refinement Act (BBRA) (Public Law 106-113) which has established a new national minimum Medicare payment amount for diagnostic or screening Pap smear laboratory test, including the cervical cancer screening technologies mentioned above.

Keep Spreading the Word...

Remember that over the last half century we have seen a tremendous decrease the incidence and death rates for cervical cancer thanks to the widespread use of conventional Pap smears. Today, no woman should die of cervical cancer. The most important obstacle to eliminating cervical cancer is not inaccuracy of the Pap smear itself, but rather that women at risk are not screened regularly or not screened at all. Along with your mammography messages, please continue to educate women, especially those 40 and older, about the importance of regular Pap testing.

Why Many Women Don't Have Annual Pap Tests

In addition to the barriers to mammography, many women don't make screening for cervical cancer part of their regular routine health care because they don't understand why regular screening is important, don't understand their actual risk for cervical cancer, don't think screening is necessary if they are past childbearing age or menopause, or don't have symptoms.

Medicare Pays for Regular Pap Screenings

PROGRAM MEMORANDUM INTER MEDIARIES/CARRIERS

Department of Health and Human Services

Health Care Financing Administration

Transmittal No. AB-99- Date: December, 1999

CHANGE REQUEST #1081

Subject: Cervical or Vaginal Smear Tests (Pap Smears) Included in Calendar Year (CY) 2000 Clinical Diagnostic Laboratory Fee Schedule

This program memorandum (PM) provides instructions for implementing Section 224 of the Balanced Budget Refinement Act (BBRA) (Public Law 106-113) which was enacted November 29,1999. Specifically, Section 224 of the BBRA (Increase in Reimbursement for Pap Smears) revises section 1833(h) of the Social Security Act to modify reimbursement for Pap Smears paid under the CY 2000 clinical diagnostic laboratory fee schedule.

Section 18339h) directs that Medicare Part B payment for conventional Pap smears is determined by a fee schedule established on a local (regional, statewide, or carrier service area) basis not to exceed a national limit of 74 percent of the median of all the local fee schedules established. This statute, in addition to other limiting factors, results in a national limit amount of $7.15 for CY2000 which is an amount generally considered to be below the cost of providing the service.

Accordingly, Congress has now established a national minimum payment amount for diagnostic or screening Pap smear laboratory tests (including all cervical cancer screening technologies that have been approved by the Food and Drug Administration as a primary screening method for detection of cervical cancer) of not less than $14.60 for dates of service in the year 2000. This PM supplements PM AB-99-84, dated November 1999, in order to implement the Congressional legislation effective January 1, 2000. If the pricing amount for the following codes is less than $14.60 for CY 2000, it must be increased to $14.60. Standard Systems must be modified to assure payment of at least $14.60. In addition, Section 1833(a)(1)(D) of the Social Security Act provides that payment will be the least of the local fee schedule, the National Limitation Amount, or the actual charge billed for the test. The affected HCFA Common Procedure Coding System (HCPCS) codes on the clinical diagnostic laboratory fee schedule are G0123, G0143, G0144, G0147, G0148, P3000, 88142, 88144, 88145, 88147, 88148, 88150, 88152, 88153, 88154, 88164, 88166, and 88167.

Attachments B and C from PM AB-99-84 (November 1999) continue to apply to the following gap-filled codes: 88142, 88143, 88144, 88145, 88147, 88148, G0123, G0144, G0145, G0147, and G0148 . Report the gap-fill amounts by May 5, 2000 to the Regional Office. The gap-fill amount reported to the RO can be any amount (I.e. less than $14.60), however the actual payment cannot be below $14.60. In subsequent years, HCFA will update the national minimum payment amount in accordance with the statute and compute the pricing for Pap smear codes.

The effective date for this PM is January 1, 2000. The implementation date for this PM is January 17, 2000. This PM may be discarded after December 31, 2000.

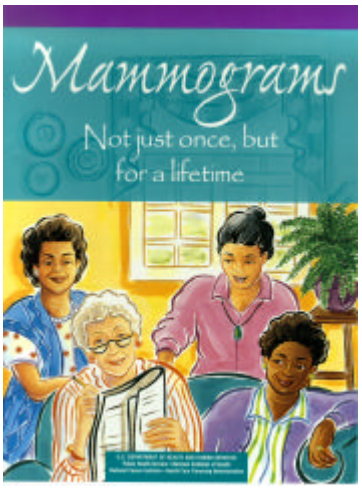
These instructions should be implemented within your current operating budget.

For questions regarding this document, contact Anita Greenberg at (410) 786-4601.

Rev. HCFA-Pub. 60AB

HCFA/NCI Mammography Materials Order Form

National Cancer Institute/Health Care Financing Administration
Mammography Education and Promotion Materials



ORDER FORM

Name:

Title:

Organization:

Address:

City: **Zip Code:**
State:

Phone:

Title & Contents Description	Language	Publication Number	Size	Quantity
Mammograms… Not Just Once, But For A Lifetime Large-print, easy to read brochure that defines mammography, describes who needs this important examination, and Medicare information.	English	H496	8½ x 11	(maximum order 5000)
Spanish Version — See above.	Spanish	H497	8½ x 11	(maximum order 5000)
Older Woman Poster Includes slogan with Medicare information. A poster featuring an older woman, available for display in health care settings (minimum order: 20)	English	G500	11 x 17	(maximum order 5000)
Spanish Version — See above.	Spanish	G501	11 x 17	(maximum order 5000)
Older Woman Bookmark Includes slogan with Medicare information. Bookmark features an older woman with facts in breast cancer, mammography, and Medicare coverage.	English	Z498	2 x 8	(maximum order 5000)
Spanish Version — See above.	Spanish	Z499	2 x 8	(maximum order 5000)
Pap Tests: A healthy habit for life Large-print, easy-to-read brochure that defines Pap tests, describes who needs this screening test, and includes Medicare information.	English	H345	8½ x 11	(maximum order 5000)
Ad Slicks Camera-ready ads in a variety of sizes featuring older women. Includes slogan with Medicare information.	English	C135		
Knowledge & Behavior of Women Ages 65 and Older On Mammography Screening & Medicare: 25-page bound report with findings from a telephone survey conducted in Spring of 1999. (Limited quantities available. On-line version will be available on the NCI website http:// www.nci.nih.gov	English	T162		

Fax order form to National Cancer Institute: (301) 330-7968

The Northeast Health Care Quality Foundation

The Northeast Health Care Quality Foundation has been addressing the issue of breast cancer throughout Maine, New Hampshire and Vermont using many approaches and joining with various collaborators in the three states. The primary goal of the PRO's breast cancer project is to encourage more women to get annual screening mammograms in order to increase the early detection and treatment of breast cancer and achieve a better prognosis for women diagnosed with breast cancer.

The Foundation's ongoing mammography screening campaign has included:

- Collaborative work with hospital medical staffs to develop system changes for improving the referral process for mammograms;
- Concerted efforts in support of the recent change in Medicare coverage for mammography to an annually reimbursed service; and
- Patient education and community outreach activities.

The Foundation has recently completed analysis of follow-up data showing improvements in annual mammography rates in New Hampshire and Vermont from 1995 to 1997. Single-year mammography rates for Medicare women aged 50 and older went from 32% and 31% in New Hampshire and Vermont to 40% and 41%, respectively. This represents a reduction in the number of women not getting mammograms over a one-year period of 12% and 15% in New Hampshire and Vermont, respectively. Although these single-year rates seem low, the percentage of women getting screening mammograms over a two year period will be higher. At the time of Foundation evaluations, Medicare only covered mammography screening on a biannual basis. Single year rates are used because insufficient time has passed to examine two-year rates.

The study of changes in mammography rates was based on claims submitted to HCFA and represents screening and diagnostic mammograms among Medicare eligible women. Substantial increases in mammography rates were seen from 1995 to 1997 (excluding 1996 - the intervention year). Analysis also showed that mammography rates and increases in mammography were age specific, with younger women having a higher rate of mammography and a greater increase in mammography rates.

The Foundation is committed to continuation of this effort with focus on identification of components of the intervention with the best impact on increasing mammography rates. A better understanding of the best approaches to getting women to have mammograms is one way that substantial gains in the fight against breast cancer can be realized. The results of the campaign to date are encouraging and suggest the ability of diverse and repeated efforts to reinforce the intended message and encourage women to obtain screening mammograms.

The ***Not Just Once*** Newsletter salutes the efforts of the Northeast Health Care Quality Foundation for their work to increase mammography rates in Maine, New Hampshire and Vermont.

Every other month, we offer the opportunity for PROs to share information about activities that are underway in their regions. We encourage you to email submissions for the next **Not Just Once** to:
Rklugman@hcfa.gov
We'll be sure to highlight your efforts!

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Speedy Recovery!

To Region IV's
Gloria Oyetubo.
Our thoughts are with you!

HCFA's Not Just Once newsletter is now available on the Internet. Please visit us at HCFA's web site: www.hcfa.gov/quality/3n.htm

From the Archives

Few Women Adhere to National Mammography Guidelines

Reprinted from University Publications, a unit of the University of California at San Francisco (UCSF) Public Affairs Department:

Only one-fourth of women who are 50 to 74 years of age had the appropriate number of lifetime mammography exams recommended in national guidelines that have existed for more than 20 years, according to a UCSF study in the April 29, 1998 issue of Health Services Research.

Fifty-nine percent of women had mammography in the past two years, while 70 percent of women studied had at least one exam in their lifetime. While more controversial guidelines that have been hotly debated call for women to be screened starting at age 40, the guidelines issued by the National Cancer Institute in 1977 have been widely accepted. These guidelines call for women ages 50 to 74 years to be screened every one to two years.

"Our finding that only about one-quarter (27 percent) of women report adhering to screening guidelines has important implications for practitioners and mammography programs and policies," write Kathryn A. Phillips, PhD, UCSF assistant adjunct professor of medicine and a member of the Prevention Sciences Group. "Although the vast majority of women have had initial screening and a majority of women have had recent screening, the large drop in the percentage of women who adhere to guidelines indicates that adherence needs to become a focus of clinical, programmatic, and policy efforts."

Researchers also found that a woman's adherence to guidelines was influenced by her involvement in shared decision making with her physician. Previous studies had shown that women were more likely to use mammography when recommended by their physician, but this study "suggests that the interaction between a woman and her provider plays a key role in adherence." Although perceptions of shared decision making are difficult to validate, the researchers identify this as an important finding because it can be the basis for further improvement in adherence.

The researchers also found that women were more likely to use mammography if they were younger; had smaller families, higher education and income, and a recent Pap smear; reported breast problems; lived in areas where mammography facilities had tracking and reminder systems, lived in areas with sufficient numbers of primary care physicians, and with higher HMO market penetration.

This is the first study to measure adherence using a comprehensive definition, and using the most recent nationally representative data available (1992) from the National Health Interview Survey conducted by the Centers for Disease Control and Prevention's National Center for Health Statistics.

Health Services Research, the official journal of the Association for Health Services Research and published by the Health Research and Educational Trust, focuses on research examining major issues involving access, cost, quality, and outcomes of health care delivery.

The **Not Just Once Newsletter** is published bimonthly to provide timely information to HCFA's mammography partners. For more information, questions, or comments, please contact Ta Budetti or Rachel Klugman at HCFA's Chicago Regional Office, (312) 353-1753 .